

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">10/588,447</td> </tr> <tr> <td>Filing Date</td> <td>12/22/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Kaoru Takeo</td> </tr> <tr> <td>Art Unit</td> <td>3781</td> </tr> <tr> <td>Examiner Name</td> <td>Andrew T. Kirsch</td> </tr> <tr> <td>Total Number of Pages in This Submission</td> <td>4605 - 062316</td> </tr> </table>	Application Number	10/588,447	Filing Date	12/22/2004	First Named Inventor	Kaoru Takeo	Art Unit	3781	Examiner Name	Andrew T. Kirsch	Total Number of Pages in This Submission	4605 - 062316
Application Number	10/588,447												
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First Named Inventor	Kaoru Takeo												
Art Unit	3781												
Examiner Name	Andrew T. Kirsch												
Total Number of Pages in This Submission	4605 - 062316												

ENCLOSURES *(check all that apply)*

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE
Remarks		

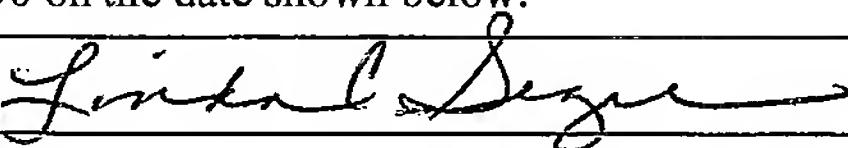
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Webb Law Firm		
Signature			
Printed Name	Nathan J. Prepelka		
Date	March 26, 2010	Reg. No.	43,016

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Linda C. Seger	Date	March 26, 2010